OPV TRAINING BRANCH REQUEST FOR TRAINING CREDIT

Requests must be submitted at least 14 days prior to the event to TraceyL.Bonzo@ky.gov or fax 502-564-8368

COURSE INFORMATION

Please attach a copy of the training agenda or outline.					
Training Course Title:					
Training Dates:				Hours of Instruction:	
Vendor/Organization:				Telephone:	
Contact Person:				Email:	
Locati Mailing Ad	· ·				
Registration Fee: Yes No If yes, amount: \$					
Attendance Certificate: Yes Cother:					
pertains to improving the job knowledge or skills of a local elected official. PVA INFORMATION					
Cou	ıntv [.]				
Name:			Title	:	
Office Phone:			Fax:		
Email address:					
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